

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2005-06

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
ELIGIBILITY				
1	FAMILY PLANNING INITIATIVE	\$428,287,000	\$302,267,700	\$126,019,300
2	BREAST AND CERVICAL CANCER TREATMENT	\$79,403,000	\$47,201,700	\$32,201,300
3	CHDP GATEWAY - PREENROLLMENT	\$17,303,000	\$11,246,950	\$6,056,050
4	BRIDGE TO HFP	\$4,869,000	\$3,164,850	\$1,704,150
5	REDETERMINATION FORM SIMPLIFICATION	\$484,720	\$242,360	\$242,360
6	BCCTP RETROACTIVE COVERAGE	\$161,200	\$104,780	\$56,420
8	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$14,944,500	-\$14,944,500
9	REFUGEES	\$0	\$2,505,000	-\$2,505,000
10	NEW QUALIFIED ALIENS	\$0	-\$156,804,500	\$156,804,500
11	ACCELERATED ENROLLMENT-SCHIP TITLE XXI	\$0	\$0	\$0
149	SHIFT OF CCS STATE/COUNTY COSTS TO MEDI-CAL	\$6,190,000	\$3,095,000	\$3,095,000
	ELIGIBILITY SUBTOTAL	\$536,697,920	\$227,968,340	\$308,729,580
BENEFITS				
13	ADULT DAY HEALTH CARE - CDA	\$399,125,030	\$199,562,520	\$199,562,510
14	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$100,000,000	\$100,000,000	\$0
15	MEDI-CAL CONTINUATION OF PART D EXCLUDED	\$60,670,900	\$30,335,450	\$30,335,450
16	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$44,515,000	\$22,257,500	\$22,257,500
17	MEDICARE PART B DEDUCTIBLE INCREASE	\$11,489,230	\$5,744,620	\$5,744,620
18	HIV/AIDS PHARMACY PILOT PROGRAM	\$3,858,390	\$1,929,200	\$1,929,190
22	CDSS SHARE OF COST PAYMENT FOR IHSS	\$0	-\$4,064,000	\$4,064,000
23	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$183,405,950	-\$183,405,950
26	FLUORIDE VARNISH	\$6,290	\$3,140	\$3,140
28	MMA MEDICARE DRUG BENEFIT	-\$986,999,600	-\$493,499,800	-\$493,499,800
	BENEFITS SUBTOTAL	-\$367,334,760	\$45,674,570	-\$413,009,330
MANAGED CARE				
32	QUALITY IMPROVEMENT ASSESSMENT FEE	\$97,455,000	\$48,727,500	\$48,727,500
36	CAL OPTIMA 3% RATE INCREASE	\$16,561,000	\$8,264,500	\$8,296,500
38	MANAGED CARE INTERGOVERNMENTAL TRANSFER	\$8,000,000	\$4,000,000	\$4,000,000
39	STANISLAUS 2-PLAN MODEL RECONVERSION	-\$9,814,000	-\$4,875,500	-\$4,938,500
40	RISK PAYMENTS FOR MANAGED CARE PLANS	\$5,775,000	\$2,887,500	\$2,887,500
43	SAN DIEGO COMMUNITY HEALTH GROUP AUGMENTATIC	\$3,000,000	\$1,500,000	\$1,500,000
46	FFS COSTS FOR MANAGED CARE ENROLLEES	\$0	\$0	\$0
47	MMA -- MANAGED CARE CAPITATION SAVINGS	-\$112,994,000	-\$56,497,000	-\$56,497,000
147	TWO-PLAN MODEL DEFAULT ALGORITHM	\$226,000	\$113,000	\$113,000
	MANAGED CARE SUBTOTAL	\$8,209,000	\$4,120,000	\$4,089,000
OTHER				
51	HOSP FINANCING - DPH AND NDPH DSH PMT	\$1,620,584,000	\$945,774,000	\$674,810,000
52	SNF RATE CHANGES AND QA FEE	\$593,623,750	\$296,811,870	\$296,811,870
55	HOSP FINANCING-DPH INTERIM PAYMENT	\$497,536,460	\$497,536,460	\$0
56	HOSP FINANCING - SAFETY NET CARE POOL	\$400,519,000	\$400,519,000	\$0
58	HOSP FINANCING - PRIVATE DSH REPLACEMENT	\$348,780,000	\$174,390,000	\$174,390,000
59	DSH PAYMENTS	\$281,611,000	\$140,805,500	\$140,805,500

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	OTHER			
61	HOSP FINANCING - PRIVATE HOSPITAL SUPP PMT	\$245,800,000	\$122,900,000	\$122,900,000
62	CAPITAL PROJECT DEBT REIMBURSEMENT	\$124,923,000	\$62,461,500	\$62,461,500
64	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENT	\$125,000,000	\$125,000,000	\$0
65	LTC RATE ADJUSTMENT	\$35,035,070	\$17,517,540	\$17,517,540
70	FFP FOR LOCAL TRAUMA CENTERS	\$55,314,000	\$27,657,000	\$27,657,000
71	MMA 100-DAY PRESCRIPTION SUPPLY	\$0	\$0	\$0
72	CERTIFICATION PAYMENTS FOR DP-NFS	\$37,000,000	\$37,000,000	\$0
73	FQHC RATE ADJUSTMENTS	\$3,236,920	\$1,618,460	\$1,618,460
78	HOSPICE RATE INCREASES	\$6,876,430	\$3,438,210	\$3,438,210
79	ANTI-FRAUD BIC CLAIMS REPROCESSING	\$2,802,080	\$1,401,040	\$1,401,040
80	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$5,254,300	\$2,627,150	\$2,627,150
81	HEALTHY FAMILIES - CDMH	\$15,490,000	\$15,490,000	\$0
83	ORTHOPAEDIC HOSPITAL - LAB SERVICES	\$2,686,730	\$1,343,370	\$1,343,370
84	NON-CONTRACT HOSP. 10% INTERIM RATE RED.	\$10,631,000	\$5,315,500	\$5,315,500
85	DSH OUTPATIENT PAYMENT METHOD CHANGE	\$10,000,000	\$5,000,000	\$5,000,000
86	MINOR CONSENT SETTLEMENT	\$9,836,000	\$0	\$9,836,000
88	VOLUNTARY GOVERNMENTAL TRANSFERS	\$8,525,000	\$4,262,500	\$4,262,500
89	SRH OUTPATIENT PAYMENT METHOD CHANGE	\$8,000,000	\$4,000,000	\$4,000,000
90	NURSE-TO-PATIENT RATIOS FOR HOSPITALS	\$5,844,000	\$2,922,000	\$2,922,000
92	HOSP FINANCING - NDPH SUPPLEMENTAL PMT	\$3,800,000	\$1,900,000	\$1,900,000
93	WEEKLY FORMULARY PRICING UPDATE	\$789,030	\$394,520	\$394,520
94	CHA V. BONTA - 1996-97 DP/NF RATES	\$3,133,000	\$1,566,500	\$1,566,500
96	TWO-PLAN MODEL NOTICES OF DISPUTE	\$1,000,000	\$0	\$1,000,000
97	OUT-OF-STATE HOSPITAL JUDGMENT	\$106,080	\$53,040	\$53,040
99	FFP REPAYMENT-SPECIALTY MENTAL HEALTH	\$0	-\$1,900,000	\$1,900,000
100	HOSP FINANCING-MIA LTC	\$0	\$9,948,670	-\$9,948,670
101	HOSP FINANCING - BCCTP	\$0	\$361,710	-\$361,710
102	FAMILY PACT STERILIZATION POLICY	\$0	\$835,000	-\$835,000
103	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
104	NON FFP DRUGS	\$0	-\$536,000	\$536,000
105	INDIAN HEALTH SERVICES	\$0	\$5,511,000	-\$5,511,000
106	STATE-ONLY IMD ANCILLARY SERVICES	\$0	-\$12,455,000	\$12,455,000
107	INPATIENT PSYCHIATRIC CARE-IMD	\$0	-\$2,187,000	\$2,187,000
111	ENTERAL NUTRITION PRODUCTS	-\$312,810	-\$156,410	-\$156,410
113	INPATIENT PSYCHIATRIC CARE SAVINGS	-\$1,056,820	\$0	-\$1,056,820
114	MEDICAL SUPPLY CONTRACTING	-\$1,080,820	-\$540,410	-\$540,410
116	EDS COST CONTAINMENT PROJECTS	-\$1,587,400	-\$822,940	-\$764,470
117	NON-CONTRACT HOSPITAL AUDITS	-\$2,499,340	-\$1,249,670	-\$1,249,670
118	AGED DRUG REBATE RESOLUTION	-\$30,000,000	-\$15,000,000	-\$15,000,000
119	CANTWELL MEDICAL PHARMACY AUDIT SETTLEMT	-\$14,584,000	-\$7,292,000	-\$7,292,000
121	NEW RECOVERY ACTIVITIES	-\$17,051,340	-\$8,525,670	-\$8,525,670
122	NEW THERAPEUTIC CATEGORY REVIEWS/REBATES	-\$13,297,330	-\$6,648,670	-\$6,648,660
123	SERONO AND U.S. AFFILIATES SETTLEMENT	-\$42,156,000	\$0	-\$42,156,000

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	OTHER			
124	5% PROVIDER PAYMENT DECREASE - AB 1735	-\$24,767,160	-\$13,092,530	-\$11,674,630
125	ANTI-FRAUD EXPANSION FOR FY 2005-06	-\$25,950,920	-\$12,975,460	-\$12,975,460
126	FAMILY PACT DRUG REBATES	-\$99,273,000	-\$68,128,800	-\$31,144,200
128	HOSP FINANCING - INPATIENT BASE REDUCTION	-\$531,493,000	-\$265,746,500	-\$265,746,500
129	STATE SUPPLEMENTAL DRUG REBATES	-\$648,532,000	-\$325,275,200	-\$323,256,800
130	FEDERAL DRUG REBATE PROGRAM	-\$1,459,488,000	-\$732,014,800	-\$727,473,200
131	ESTATE RECOVERY REGULATIONS	\$117,000	\$58,500	\$58,500
139	5% PAYMENT DECREASE RESCISSION - SB 912	\$17,561,000	\$9,291,000	\$8,270,000
140	HOSP FINANCING - ADVANCED GF PAYMENTS TO DPH	\$0	\$0	\$0
141	HOSP FINANCING - CCS AND GHPP	\$30,825,000	\$30,825,000	\$0
144	HOSP FINANCING - DPH RATE RECONCILIATION	\$65,232,000	\$0	\$65,232,000
	OTHER SUBTOTAL	\$1,664,341,900	\$1,481,988,980	\$182,352,920
	GRAND TOTAL	\$1,841,914,060	\$1,759,751,890	\$82,162,170